

**RECEIVED  
CENTRAL FAX CENTER**

JAN 20 2006

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional)  42390P10234
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.  January 20, 2006  Signature <u>Pat Sullivan</u> Typed or printed name <u>Pat Sullivan</u>		In re Application of <u>Edward V. Gamsaragan, et al.</u> Application Number <u>09/823,831</u> Filed <u>03/30/2001</u> For <u>Computer With Communicating Separable Computing</u> Art Unit <u>2674</u> Examiner <u>Xiao Min Wu</u>
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$500.00</u>  <input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u> . I have enclosed a duplicate copy of this sheet.  <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</b>  I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		<u>Brent E. Vecchia</u> Signature  <u>Brent E. Vecchia, Reg. No. 48,011</u> Typed or printed name  <u>01/20/06</u> Date
<input type="checkbox"/> *Total of _____ forms are submitted.		

Based on PTO/SB/31 (04-05) as modified by Blakely, Salakoff, Taylor & Zalman (vtr) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

01/24/2006 YPOLITE1 00000059 022666 09823831

02 FC:1401 500.00 DA